

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000040622

**Entity Name:** 340 SHERYL DR. LLC

**Current Principal Place of Business:**

181 VERA COURT  
CORAL GABLES, FL 33143

**Current Mailing Address:**

181 VERA COURT  
CORAL GABLES, FL 33143 US

**FEI Number:** 84-4789146

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANCO, ANDRES  
19555 E COUNTRY CLUB DRIVE  
APT 604  
AVENTURA, FL 33160 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PENUELA, PABLO ANDRES  
Address 181 VERA COURT  
City-State-Zip: CORAL GABLES FL 33143

Title MANAGER  
Name ISAZA CAMACHO, JULIO  
Address 540 BRICKELL KEY DRIVE  
222  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name PEREZ VILLAMIZAR, JESUS ALFONSO  
Address 88 SW 7TH ST  
4009  
City-State-Zip: MIAMI FL 33130

Title MANAGER  
Name FRANCO VILLEGAS, ANDRES  
IGNACIO  
Address 3370 NORTHEAST 190TH STREET  
1810  
City-State-Zip: AVENTURA FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDRES IGNACIO FRANCO VILLEGAS

**MANAGER**

**03/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date